1					OF MARYLAND			777 N
XO	1-	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE & A	D	3 1 6
B)		CEASED NAME ORPRINT) PIRST	A K.	BA	NKS	20 DATE OF DEATH		26. HOUR- 34 3 D M
ge 4 m ector. pr rrs ofter d	3 SE	F	1 RACE NEG	S. DATE C	OF BIRTH  DAY  VEAR  9	6. AGE (IN YEARS LAST BIR)		TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
funeral direction of the footbase of the footb		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	RY? 8 MARRIE WIDOWE	NEVER MARRIED DIO	9 BALTIMORE CITY O		
by the fulled with	10. C	AMBRIDGE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI DOR CHESTE	RSING HOME C		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		IND OF BUSINESS OR
24 hou filled in ould be	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION SIVE RESIDENCE BE		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	ZIP CODE /	21673
completely	14. FA	THER'S NAME	MIDDLE KAST	EMP	15 MOTHER'S MAIDEN NAM CLAUDII	MIDDLE	S	COTT
be execut		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIN	VE WAR OR DATES)	ECURITY NO.	17 INFORMANT	ADDRE	SS	v = 10= 15
. that the death certificate d by the ottending physici lease remove corbonpaper ia), cremation, or removate, or other troumatic event.			DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	QUENCE OF	Cay (	-udome bi		APPROXIMATE INTERVAL I WEEN ONSET AND DEATH
on requires on the second of t	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING			200 AUTOPSY?	20b. IF YES, WERE F	
PHYSICIA ending pl this certif as buriol-t ad Mentol	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEA (IF EITHER NOTIFY MEDIC MEXAMINES 210 INJURY OCCURRED  WHILE ON ON WHILE ANWORK	HOUR AM MONTH	19	21f. HOW INJURY OCCURR	CITY OR TO		
OR ATTEND ne hospitol or DIRECTOR: A oched for use Dept. of Heol		22a.1 certify that (I) (this haspi sow the deceased alive on	otal) attended the deceased fro 13 11 view the body after death.	9_84,01	DEGREE  ATTENDING	, to, to, death occurred on the do	22ε.	that (I) (we) lost me the couses stated  DATE SIGNED
O HOSPITAL eformed by the TO Flavored by the Provide Be defined in the State of the Provide Be defined by the State of the		PHYSICIANS NAME (14PE C VINODRAI	MEHTB		220 ADDRESS 400 AURO		Comp	ndge 2
BP	L	SURIAL, CREMATION, REMOVAL SPECIFY) BUNDA	236 DATE 2	Pargo	METERY OR CREMATORY	23d LOCATION CITY OF TOWN Truppe	county	state j Md
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	POTOLO ANY	Sie ADDRES	s Bon	tan Marie	REC'D. BY REGISTRAR	PSI REGISTRAR'S SIG	CNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

distripued to the Calif

	١,	FOR STATE	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H	rgiene 8 4	19371
	' '	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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16		Md.	USA	WIDOWED DIVORCED	Dorchester	
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孙	USU/ 13a S	L RESIDENCE (IF NURSING HOME OT TATE 136 COU		CE BEFORE ADMISSION) OR TOWN 136 INSIDE CITY LIMITS?	13e SIREET ADDRESS / ZIP CO	DDE
CE		Md Doro	chester Khoo	esdale YES   NO 12	R+1 Bx 221	21659
(M)	14 FA	THER'S NAME FIRST	MIDDLE Ph	15. MOTHER'S MAIDEN N FIRST Sara		Mills
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medica	(		IVE WAR OR DATES	12-8982 Jeanette	Hughes Vienr	Box 172 na Md. 21869
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ent, the	- 11	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:		$\alpha$ .	BETWEEN ONSET AND DEATH
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ather		couse (a), stating the underlying couse lost	DUE TO, OR ASTA CON	ISEQUENCE OF	ions Anere	
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njury, ar	z		CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110
ic A	CERTIFICATION	196 DATE OF OPERATION	The second secon	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?   206. IF	YES, WERE FINDINGS USED
à 0 C/	FI C	198 DATE OF OPERATION	) I'm condings rok	WHICH OPERATION WAS PERFORMED	IN CER	RTIFYING CAUSES OF DEATH?
6	Ē.				YES NO	YES NO
lem 18 sho		210. ACCIDENT WAS UNDERLYING { OR CONTRIBUTING ☐ CAUSE OF DE		TH DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)
or Item 18 sho	S	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19		
ō	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
marked	1	AT WORK NOT WHILE AT WORK				010
S m	-	220.1 certify that (1) (this has	pital) attended the deceased		7 -	6 19 8 4 . Hat (11 (w/e) last
21 is mar		sow the deceased alive of above, (I) (wet (and) (and n	ot wiew the body after death	219 St, and that in (my) (our) apinic	on death occurred on the date and h	nour and from the couses stated
Dept. f Hem		226. SIGNATUR	2000	DEGREE		22c. DATE SIGNED
	Ш	VO	/ Lull	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1.18.87
ZY		22d PHYSICIAN'S NAME (TYPE	OR PRINT!	22e ADDRESS	1	
IMPORTANT		An u	ILCE	400	Marylad H	re 21613
₹-	23 n S	URIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMATOR	y 234 LOCATION	
		burial	7/18/84	E.NEW MARKET CE	CITY OR TOWN	EKET DOR. MD
71.40			., 20, 0-2			
			RAT. HOME			
OM 4/83	24 F	INERAL DIRECTOR THOMAS FUNER	RAL HOME C	ODECC.	ATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE,

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Vienna, Md.   USA   WOOWED   DOT Che ster County   Doroche ster County   Vienna, Md.   IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   TO MOUNT OF BUSING   TO MOUNT OF BUSING   TO MOUNT OF WORLD   TO MOUNT OF BUSING   TO MOUNT				MONTH DAY		LAST BIRTHDAY)				PRONOUN	ICED	yly	12,	1984	3 AM
II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   12 NUSUAL OCCUPATION (TIPE OF WORK)   12 NUTS OF MADE   13 NUT		OREIGN COUNTRY)			HAT COUN	1			HED.			_			٨
13. STATE   Md.   13. COUNTY   DOT.   13. SIT OF TOWN   134 INSIGNITION   135 INSIGNITION   134 INSIGNITION   135 INSIGNITION   134 INSIGNITION   135 INSIGNITION   134 INSIGNITION   135 INSI	2			(IF NOT IN SUCH FA	CILITY, GIVE S	REET ADDRESS)			FORA	OST OF WOR	KING LIFE)	(TYPE OF W			
Samuel Dutton    Samuel Dutton	130	STATE	13h COUR	YTY	13c. CITY	OR TOWN						16	21	860	1
Text   Dear		Samuel	Duttor	1		LAST	Da:	isey 4		M				LAST	
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a):  Coronary Occlusing  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a) storting the under-lying couse last.  PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a):  PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a):  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR AN MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR AT WORK  211. INJURY OCCURRED  212. LOCATION STREET, FACTORY, FARM, ETC.)  213. LOCATION STREET  214. PLACE OF INJURY (AT HOME, STREET)  215. CERTIFY that I taak charge of the remains described above, held an Autopsy (A). Inspection (A). Inquiry (A). Ond in my opinion death resulted from: Natural causes (A). Accident (A). Suicide (A). Homicide (A). Undetermined monner (A).  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  M.D. DEDITY MEDICAL EXAMINER  DATE SIGNED  ACTUAL  SIGNATURE  ACTUAL  M.D. DEDITY MEDICAL EXAMINER  DATE SIGNED  ACTUAL  SIGNATURE  ACTUAL  M.D. DEDITY MEDICAL EXAMINER  DATE SIGNED  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  DATE SIGNED  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  DATE SIGNED  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  M.D. DEDITY MEDICAL EXAMINER  DATE SIGNED  ACTUAL  SIGNATURE  ACTUAL  M.D. DEDITY MEDICAL EXAMINER  DATE SIGNED  ACTUAL  M.D. DEDITY MEDICAL EXAMINER  DATE SIGNED	160	WAS DECEASE YES, NO, OR UNKNO Yes	OWN) (IF YES, GIV	E WAR OR DATES)	-				ı Ste	ewae:			nna,	Md.	
UNDERLYING OR CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED WHILE NOT WHILE AT WORK  27d. I certify that I taak charge of the remains described abave, held an Autopsy Industry of the remains described abave, held an Autopsy	NO.	cause (a lying co	) stoting the <u>under</u> use last.	DUE TO, OR			DISEASE DR COND	ITION GIVEN IN P	ART T (a).						
UNDERLYING OR OCONTRIBUTING CAUSE OF DEATH  P.M. 19  21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  27e. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner  ACTUAL SIGNATURE . DATE	FICATIO	19s. DATE OF	FOPERATION	19b. CONDIT	ION FOR	WHICH OPERATION	ON WAS PERF	ORMED?					20		
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.)  21d. INJURY OCCURRED WHILE NOT WHILE AT WORK  22d. I certify that I taak charge of the remains described abave, held an Autopsy X, Inspection X. Inquiry X, and in my opinion death resulted from: Natural causes X, Accident X, Suicide X, Hamicide V, Undetermined manner X,  TITLE (SPECIFY)  ACTUAL SIGNATURE  ACTUAL SIGNATURE SIGNATURE  ACTUAL SIGNATURE SIGNATURE  ACTUAL SIGNATURE S					MONTH	DAY YEAR	ic HOW INJU	JRY OCCURR	ED (ENTER M	JATURE OF IN	JURY IN ITEM	A 18 PART 1	OR PART 2)	YES X	NO [
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner ,  ACTUAL SIGNATURE , M.D. Deputy MEDICAL EXAMINER SIGNED 7/13/8	l š	21d INJURY (	OCCURRED  NOT WHILE	21e PLACE C	OF INJURY	(AT HOME, 2				CITY OR TO	WN		COUNTY		STATE
EXAMINER'S MAME John Mace Jr. M.D. ADDRESS Cambridge, Md.	X														

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/	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4 9 3 8 1
÷ 3		CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
may t	3. SE	× EMILY	LOWISE COLLINS	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS
de 4	I	Temale	White 12" 5° 1910	73 YRS MONTHS DAYS HOURS MIN
deoth. Poge		Maryland	b. CITIZEN OF WHAT COUNTRY? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED D	Dorchester County
by the filled with	1C	amoriale /	I NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Cambridge House	120. USUAL OCCUPATION (TYPE DEWORK FOR MOST OF WORKING LIFE) HOUSEWITE (TYPE DEWORK FOR MOST OF WORKING LIFE) HOMEMAKET
filled in pauld be	1	aryland Caro	136. CITY OR TOWN 136. INSIDE CITY LIMITS?	13e STREET ADDRESS 21632 American Corner, Fed., M
ompletely and 2 s	2	Elmer **	DDLE Brown 15. MOTHER'S MAIDEN NA FIRST	
n and co	16a \	WAS DECEASED EVER IN U.S. ARM	WAR OR DATES!	ADDRESS Md. 21632 ishell RD #2 Box 308 Fed.
ivires that the death cer signed by the attending ten please remove corbo to bural, cremation, ar re ury, or other traumatic e	7	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF  (b) Hemans: Osarcoma of rough the total consequence of  (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	ght chert well 10 months
on. hos been t permit. Then prior it	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
PHYSICIAN: T ending physici this certificate e buriol-transi d Mental Hygi	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	RED (ENTER NATURE OF INJURY IN ITEM TB PART ( OR PART 2)
P & But	8	21d. INJURY OCCURRED WHILE NOT WHILE	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN COUNTY STATE
2 6 9	*	AT WORK		
TO HOSPITAL OR ATTENDING PI etained by the hospital or atten TO FUNERAL DIRECTOR. After the should be detached for use as the with the State Dept. of Health and MAPORTANT: If them 21 is marked.	W	220-1 certify that (1) (this hospita	hot seem alige and that in average applican	death accurred on the date and have and from the causes stated  MEDICAL STAFF DIRECTOR PHYSICIAN 7/2-7/84

working and the form of the second se The state of the s 2001 . a t 40% for the case I mall the control to the control of The state of the s is a transfer come of right short wall 10 months a he was the he are the same of the with the solution of the state of Education of the changeties 10 the was to personal 19 19 2003 the street the 

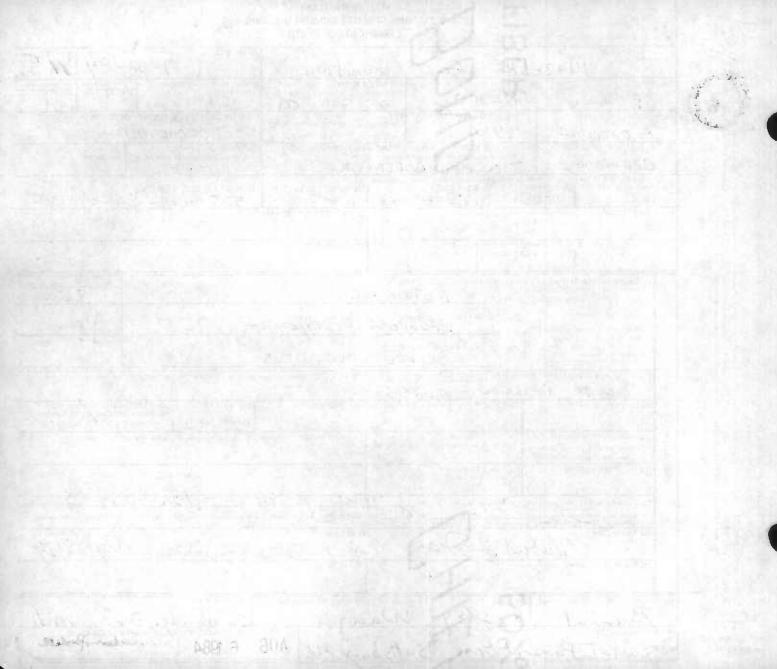
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1	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	19384
page 3		CEASED NAME FIRST	RMA BRYAN	Frey	20. DATE OF DEATH MONTH	- 30-84 1 pm
offer o	3. SE	female	white	5. DATE OF BIRTH 10 02 1888	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 H
	70. 81	RTHPLACE   STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR CO. Dorches	
	10. C	TY OR TOWN OF DEATH  Cambridge	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Cambridge H	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK homemaker	(ING LIFE) 12b. KIND OF BUSINESS INDUSTRY
should be a	130. 5	Md. Dor	or other institution, give residence before unity 13c, city or tow chester Cambri	dge   13d INSIDE CITY LIMITS?		nburn Ave.216
completely 1 and 2 sh	114.FA	Sewell Mi	lbourn Moore	15. MOTHER'S MAIDEN NA Emma	WIDDIE	Normäh
Poges 1	16a V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN)   IF YES.	ARMED FORCES? 16b. SOCIAL SECU 220-44.		Frey Cambr	gonquin Rd.
the attending remove carbo remotion, or re		Conditions, if ony, which gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONSEQUE	(Cerenra	1	hago)
been signed by mut. Then please prior to buriol, cr	CATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE (c)  T CONDITIONS CONTRIBUTING TO E	ENCE OF (CPYThy)	AINAL DISEASE OR CONDITION  1200 AUTOPSY? 1200.	N GIVEN IN PART 1(0
cate has been signe consit permit. Then p Hygiene prior to bur 8 shows agy injury.	AL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19e. DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  IT CONDITIONS CONTRIBUTING TO I  196. CONDITION FOR WHICH  DEATH  HOUR A.M. MONTH DA	ENCE OF COPY OF THE TERM  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR 216 HOW INJURY OCCUR	AINAL DISEASE OR CONDITION  1200 AUTOPSY? 1200.	N GIVEN IN PART 1(0)  IF YES, WERE FINDINGS USED LERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)  NO \( \text{NO} \)
ins certificate has been signe buid-stronsit permit. Then p 3 Mental Hygiene prior to bui or Hen 18 shows any injury.	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost.  PART 2. OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  IT CONDITIONS CONTRIBUTING TO I  196. CONDITION FOR WHICH  DEATH  HOUR A.M. MONTH DA	ENCE OF CONCLOSE  ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  211. HOW INJURY OCCUR	MINAL DISEASE OR CONDITION  200 AUTOPSY? 200. YES \( \) NO \( \)	N GIVEN IN PART 1(0  IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \sum_{NO} \)  M 18 PART   OR PART 2)
TOR. After this certificate has been signe for use as the buriol-transit permit. Then p of Health and Mental Hygiene prior to bur 21 is marked or them 18 shows any injury.		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM.  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (1) (this had sow the deceased alive obove, (1) (we) (did) (did)	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  17 CONDITIONS CONTRIBUTING TO I  19 CONDITION FOR WHICH  DEATH NER!  P.M.  21 B. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	ENCE OF CONTROL OF THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  211. LOCATION STREET  212. Ond that in (my) (our) opinion	AINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO NO NOTE  RED (ENTER NATURE OF INJURY IN ITE  CITY OR TOWN  10 3/30/8	IF YES, WERE FINDINGS USED LERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  Thou ond from the couses stoted
OR: After this certificate has been signe use as the burial-transit permit. Then p Health and Mental Hygiene prior to buris marked or Item 18 shows any injury.		Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost.  PART 2. OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETIMER, NOTIFY MEDIC ALEXAM!  21d. INJURY OCCURRED  WHIE NOT WHILE ALEXAM.  22d. I certify that (1) (this has saw, the deceased alive.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  IT CONDITIONS CONTRIBUTING TO I  19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  DEATH HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, F  spitol) attended the desegased from on 19  19	ENCE OF  ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION  STREET  Ond that in (my) (our) opinion  DEGREE  ATTENDING	AINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO NO NOTE  RED (ENTER NATURE OF INJURY IN ITE  CITY OR TOWN  10 3/30/8	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  A hour and from the causes stated  22c. DATE SIGNED

St. 138 DV This the St. Inc. . Is plante

(14)	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND A	MENTAL HYG	IENE 8 44		9 3	8 5
be och		CEASED NAME PIRST	10	G.	Ha	milto	N	20 DATE OF DEATH	MONTH 3	- 84	26 HOUR 15
Poge 4 moy	3. SE.	Female	1. RACE NEG		S. DATE O	F BIRTH	YEAR OG	6. AGE TIN YEARS LAST B	YRS.	FUNDER TYEAR	# UNDER 24 HRS
de d		RTHPLACE (STATE OR FOREIGN COUNTRY)  S. CAROLINA	US		WIDOWE		ORCED	9 -	HESTE	n	м
by the filed with		CAMBRIDGE	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET. CHESTER	GENE		ITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST RETID	OF WORKING LIFE		F BUSINESS OI
filled in hould be	130. 5		OTHER INSTITUTION. NTY 2CH	CAMBA	N	13d. INSIDE CI	NO 🗌		ZIP CODE	BURW	83
completely 1 and 2 s		ATHER'S NAME EIRST	MIDDLE	LAST			FIRST	WIDDIE		LAST	
on ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1E YES, GI	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT	ADDF	RESS		
physicio in popers imoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse per ED BY: TE CAUSE (o)	11/		1713					MATE INTERVAL DINSET AND DEATH
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rSICIAN: ling physic certifico certifico dentol Hy r Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	HOUR A.		YEAR 19	211 LOCATIO			ā.		
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by the by the ERAL DI e detoch State Dann: If the		22d. PHYSICIAN'S NAME (TYPE	But y	- Jean	V	PEGREE  A  A  A  A  A  A  A  A  A  A  A  A	-	MEDICAL STA		7/2	8/84
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DHMH - 16 50M 4/83 (VRA 15, 4)	5	tewa-t Fun	e-al Ho	ADDRESS	alish	und M	AUC		Telia de	widow A	indett



(VRA 15, 4)

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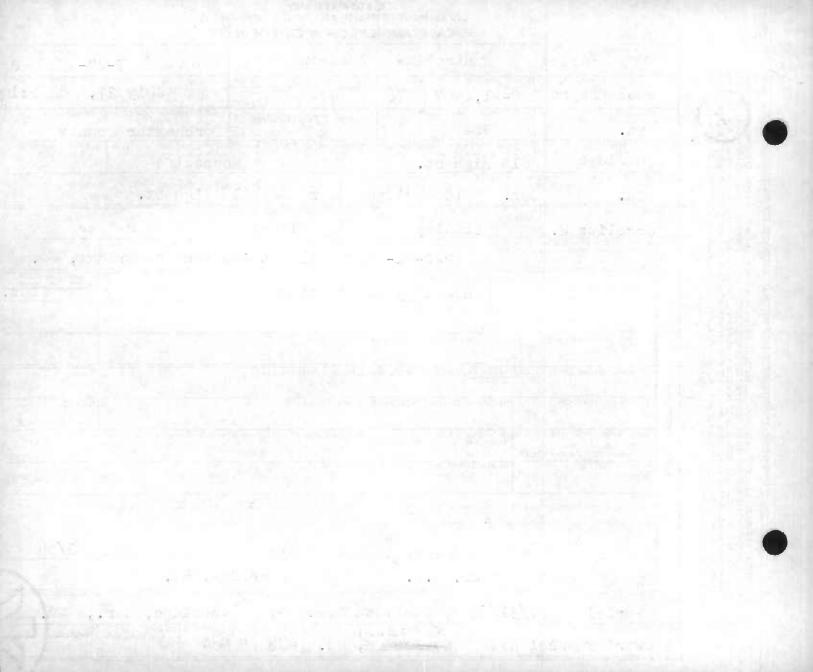
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		TOWN OF DEATH	11. NAME OF HO	ACILITY, GIVE STRE	ET ADDRESS)			12a. USUAL OCCUPAT			OR INDUST	RY
		ridge DENCE (IF IN NURSING HOME	Dorche				spital	Laborer			armin	ıg
130	STATE	13b. COUI	chester	113c CITY O	RTOWN	13d.			h = 10 m+		1613	
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	FIR	ST	ewall	Hurl			MOTHER'S MAIDE FIRST Della		LE	Ma	urphy	7
16	. WAS D	CEASED EVER IN U.S. AF	RMED FORCES?		L SECURITY N	0. 17. 11	NFORMANT		ADDRESS	1110	AL DITY	/
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	Canditians, if any, which											
	9	pave rise to immediate ause (a) stating the under	e (b)									7.4
		ving cause last.	DUE TO, OF	R AS A CONSE	QUENCE OF							
	PART 2	OTHER SIGNIFICANT CONDITION	(c) S CONTRIBUTING TO DEATH	SUT NOT RELATED	TO THE TERMINAL	DISEASE OR C	ONDITION GIVEN IN PA	PT 1 (a)				
1 2						. DISCUSE ON C	onominan giren in Tai	KT T (0).				
1	19a. D	ATE OF OPERATION	19b. COND	TION FOR WE	ICH OPERATI	ON WAS PI	ERFORMED?			20.	AUTOPSY	?
1	19a. D		21.5		1173						YES 🗌	NO 📆
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1	CON	TRIBUTING CAUSE OF			19		011				1.5	
1	WHIL	NJURY OCCURRED  E NOT WHILE ORK AT WORK		OF INJURY	AT HOME,	STREET	ON	CITY OR TOWN		COUNTY		STATE
	AT W	ORK AT WORK				-		-53				
		a. I certify that I taak char	-			Autopsy L	, Inspection			my apinian		
	dea	h resulted from: Nate	ural causes X,	Accident _	_l, Suicid		Hamicide	Undetermined manne	er,			
	ACTU	AL ATURE	- 2m	22-	2		Deputy			DATE 7	/12/	81.
1	1711	//	1	-		M.D	nepart	MEDICAL EXAMINI	ER :	SIGNED	132/	54
	EXAM (TYPE	OR WRINT) Joh	n Mace	Jr.		ADDI	RESS_Ca	mbridge,	Md.		100	
23	BURIAL,	CREMATION, REMOVAL			ME OF CEMET			23d. LOCATION CITY OR TOWN		COUNTY	S'	TATE
24	Buri	al L DIRECTOR	7-13-84	St.	Paul	s Ce	metery	Vienna,	Dorch	ester	c. WD	
24	Ze	er Funera	ADDRES:	S			250. DATE F	REC'D. BY REGISTRAR	"			
		or rangera	r nome.	East	New M	market 4	MD JOL	60 1984	" Vices	day 17	30.5.09	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN TO 2b. HOUR 2a. DATE (TYPE OR PRINT) Jackson Carelina ESTI-Grace DEATH MATED 28. HOUR 2:10 PA 4. RACE 3 SEX S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Female 9-21,190 Negro 0 To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Dorchester County WIDOWED \* DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Housewife Cambridge SHOULD BE N. RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE BALTIMORE, MD. 21201 113b. COUNTY Cambridge 13d. INSIDE CITY LIMITS? Md. Dor. YES K 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Elnora Stanley Cornelius H. Camper 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS DIVISION 220-01-8932 Wilbert Jackson Cambridge, Md. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart failure Few Wins. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? STATE DEPARTMENT OF 21201 PRIOR TO BURL YES 🗌 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK D FUNERAL DIRECTOR: PAGE
FIER DEATH WITH THE STATE
ALTIMORE, MARYLAND 2127 Inspection X 220. I certify that I took charge of the remains described above, held an Autapsy Natural causes Accident Undetermined manner death resulted frama Homicide TITLE (SPECIFY) ACTUAL John Mace Jr. M.D. Cambridge, Md. EXAMINER'S MAME TYPE OR PHILL 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md. Cambridge, 7/31/84 Bucktown Cemetery Burial Dor., BP. 24 FUNERAL DIRECTOR **DHMH - 17** Funeral (VR A15 ME (5))

20M 4/B2



Item 13a,b,c,e	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.						10	3 7			
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR A
9 9		OKPRINI)	Ryan	F	urnell		Jones	J	uly 9	1984	1:50 M
OF R	3 SE	X		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRT		F UNDER I YEAR	IF UNDER 24 HRS
4	V	Male		Blac	k	Jul	y 9 1984	-	YRS	ONTHS DAYS	HOURS MIN
	7a BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED X	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
e of the other	M	aryland		US	A	WIDOW		Dorchest	er Co	unty	MD.
fied with	10 C	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND OF	BUSINESSOR
by t filled	-	ambridge		Dorche	ster Ge	nera	1	-		-	
bou hou d he	USU.	AL RESIDENCE (IF NUR STATE	13b COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
AND in 24 hould hould		dd =	Dor	7	Camb		YES NO	Rural	21613	3	
With with d 2 s	14. FZ	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAST	
My Died		Bruce		Lenard			Stephani	e I.		Campe	er
BALTIMORE, cote be executioned account of cotes. Pages 1 you.		VAS DECEASED EVER VES, NO OR UNKNOWN) NO		/E WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	Stephanie		P. 0	. Box	327 643
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T., BA		PART I. DEATH V		ED BY-	Intra	Day	tum Us	phyxia	1975		
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that the sease remain of, cremain other tr		gave rise to im couse (a), stati underlying cousi	ng the	DUE TO, O	r as a conseoul	NCE OF					
ned in plec		PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
RECORDS, low requir as been sig	10N									25	
REC low low sermine printers	NA.	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
	1 5	21a. ACCIDENT WAS UN	DEBLYING F	216. TIME O	E IN HIDV		21c. HOW INJURY OCCURR	YES NO	YES		NO 🗌
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TO P S TO E		22a I certify that II		ntol) attended th	e deceased from C	July	9 19 84	10 July	9	954	hat (I) (we) last
ATTEN Sepital CTOR d for u d for u				ot) view the bady		ma.	nd that in (my) (our) apinion o	death accurred on the do	ate and hour	and from the c	ouses stated
IREC hed ept.		22L SIGNATURE	1 1	on view the body	The Court	-	DEGREE			22c. DATE S	IGNED
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OSPIT ed by	7	226 PHYSICIAN'S N					22e ADDRESS			7	
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5 6 5 3	23a. 8	SURIAL, CREMATION	, REMOVAL			NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
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DHMH - 16 60M 1/75	24 F	PAPER FUI	neral	l Home.	EastesNe	w Ma	rket MHIII 2	REC'D. BY REGISTRAR	25: REGISTR	AR'S SIGNATU	JRE

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(VRA 15, 4)

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	1,	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
m 5		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	AONTH DAY YEAR 26. HOUR
deoth		Louise		Helvin	0	
	3. SE	X	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS M
( REST	1	remale	White	03 16 1899	85	YRS.
1 182 45		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
ك رائد المائد المائد		MQ	U. S. A.	WIDOWED DIVORCED		uster Co.
the dwit	10.0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER INSTITUTION (E STREET ADDRESS)	120 USUAL OCCUPATION	
yell E	I C	AM bridg & AL RESIDENCE (IF MURSING HOME O	Dorchester 6		Retired	
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should also	/114 E	MATHER'S NAME	orchestr Can	bride YES NO 15. MOTHER'S MAIDENN	114 High	Street 2161:
with and 2		FIRST		AST FIRST	MIDDLE	LAST
De Com	160.	WAS DECEASED EVER IN U.S. A		DD Mary LI SECURITY NO. 17. INFORMANT	Ellen	S CAMBRIDGE M
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ned pled		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TE	RMIN AL DISEASE OR CONF	ITION GIVEN IN PART 1(p)
rhen Then to b	NO NO	PULMON	INA, MBOL	US INCARCERATE	O HIATAL H	GRNIA
bee bee	A E	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED HATED HIATAL HERNII		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
he the to he	CERTIFICAT	7/9/84		OF GALL BLADDER	YES NO	YES NO
Nysic Transic	Ü	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	IN ITEM TE PART I OR PART 2)
ICIA g pt g pt night night	CAL	OR CONTRIBUTING CAUSE OF D	CAIR	19		
PHYS indin	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	21f. LOCATION STREET	CITY OR TOV	/N COUNTY STAT
offer of the hon	2	AT WORK AT WORK	, one one	on the same transfer		1000
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Spirito CTO CTO I for of h	1	sow the deseased olive a above, (I) (we) (did) (did n	nat) view the body after death.	_19_0 4 , and that in (my) (our) opinio	on death occurred on the do	e and hour and from the causes states
OR ha		STE SIGNATURE	0 (/	DEGREE	WEDICH STAF	22c DATE SIGNED
by the		Hewed	Defaul	all MO ATTENDING PHYSICIAN	MEDICAL STAF	
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etoined of the shauld be with the		DANI) &	STOECKI	E MU1400HUR	ORAST. (	AMBRIDGE IN
₩ E F M 2 ₹		BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
BP		BURIAL	7-20-84	DORCHESTER MEM	PK CAMBRI	DGE DOR. MD
DHMH - 16 50M 4/83		UNERAL DIRECTOR	AD	DRESS 1119/	ATE REGID BY REGISTRAR	Sh. REGISTRAR'S SIGNATURE
(VRA 15. 4)	-	THAMAC ELLNE	RA, HOME	CAMBRIDGE MALLAS	Trong Line	4 dson-handell

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the attending physicial

injury, ar other troumatic event, th

should be detached for use as the burial-transit permit. Then please remave carbangage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. this certificate has been

MPORTANT: If Item 21 is marked at Item 18 shaws any

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN

MENTAL HYGIENE

3	day	1	9	3	7	J
	REG. NO.					

	-	REGISTRAR			CERTIF	ICATE OF DEATH	R	EG. NO.				
		CEASED NAME , PIRST WILLIA		GINALD		LLS .	20. DATE OF DE.		DAY 19	YEAR PY	26. HOU	
	3. SEX	male	4. RACE Whit	е	5. DATE (		6 AGE (IN YEARS		MONTH	DER I YEAR	IF UNDER	
6		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	U.S.	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE O		TY OF D	DEATH	3	MD.
3	10. CI	Cambridge	(IF NOT IN SUCI	H FACILITY, GIVE STREEL	ADDRESS)	al Hosp.	12a. USUAL OCC (TYPE OF WORK FOR CATE	UPATION MOST OF WORKING enter-	SUFE IN	IB. KIND O DUSTRY ET ET	mplc	
5		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e.STREET ADD	RESS / ZIP CO		Ave	. 2]	613
11	14. FA	Joseph	MIDDLE	Mills		15. MOTHER'S MAIDEN NA/ Lucy		DDIE	ElJ	lioť	t	
		WAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	MED FORCES?	217108		17. INFORMANT  Catherine		ADDRESS	Ite	em #	13	
ŀ		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	D DV	line for (a) (b), one Respirat		Arrest				BETWEEN	MATE INTER ONSET AND	DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(c)	AS A CONSEQUE	NCE OF	of the La	ng					
7	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY	? 20b. IF Y	YES, WE	RE FINDING CAUSES	NGS USEI	TH?
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE ITS EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	ATH HOUR A./ R) P.A  21e. PLACE (	M. MONTH DA M.	19	21c. HOW INJURY OCCURE 21f LOCATION STREET		OF INJURY IN ITEM I	5.30	OR PART 2)	4	STATE
		270. I certify that (1) (this hasp saw the deceased alive or above (1) (we) (cid) (did no 27b. SIGNATURE	11 /1	/ ~ ^		nd that in my (aur) opinian of DEGREE  ATTENDING	death occurred an	the date and h	-			
		22d PHYSICIAN'S NAME (TYPE Edward J.	Macle	4/21:2			DIRECTOR	en bri	dje,	rd	2/	(13
		BURIAL, CREMATION, REMOVAL SPECIFY DURIAL	7/22			idge Cemete	23d LOCATIO	oridge		or.	Md.	TATE

BP DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR. etained by the haspital

HOSPITAL OR ATTENDING

24 FUNERAL DIRECTOR Thomas (VRA 15, 4)

7/22/84

Dor.

Md . STATE

Cambridge Md, Funeral Home

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN T 2g. DATE (TYPE OR PRINT) ISAAC NICHOLS, JR. ESTI-LAKE PM DEATH MATED 3. SEX 4 RACE 5. DATE OF BIRTH 2 LAST BIRTHDAY IF UNDER 24 HRS 2d HOUR DATE male PRONOUNCED cau. DEAD 7b. CITIZEN OF WHAT COUNTRY 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED IN NEVER MARRIED FOREIGN COUNTRY) U.S.A. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK STEETER AT. HOSPITAL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Cambridge, Md. 13b. COUNTY Dorchester 2. Chateau Rd., Box 337 Maryland Linkwood 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST ISAAC LAKE NICHOLS. LIDA 17. INFORMANIWITE ) Same appress 13e 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-07-8520 Lydia Westbrook Nichols, KXXXXXXX 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Congestive Heart Failure ew. Mins DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING UOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE CITY OR TOWN COUNTY STATE Inspection X TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes X death resulted fram: Undetermined manner Deputy SIGNATURE M.D. Mace Cambridge. Md. (TYPE OR PRINT) 23 a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 7/22/84 New Market, Dor. Co., Market burial BP. 24 FUNERAL DIRECTOR High St. **DHMH-17** (VR A15 ME (5) 15M 2/80

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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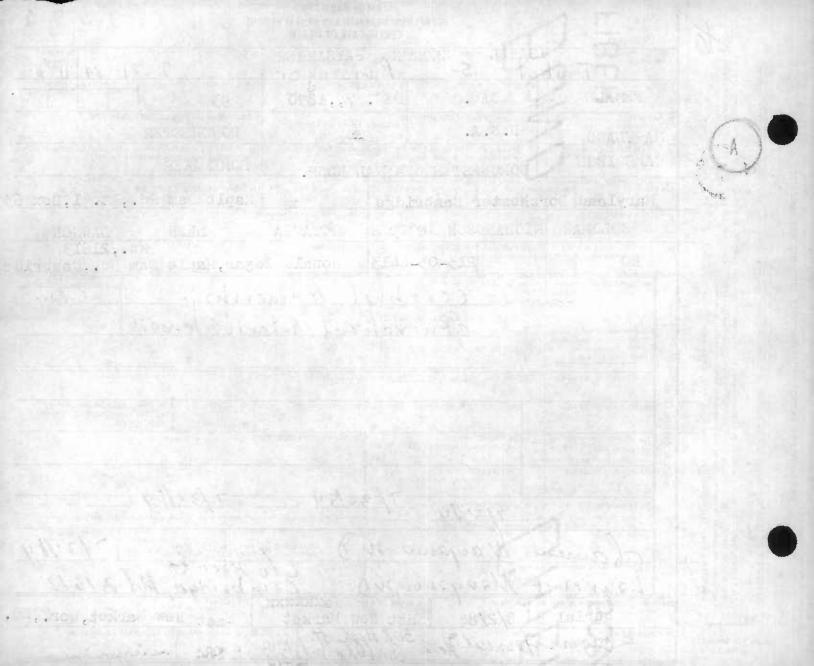
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35	13a. :	Maryland Dor	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)  13d INSIDE CITY LIMITS?  dge YES NO	13e STREET ADDRESS / Maple Dar	zip code n Rd.	Rt.	1,Box 63
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d for use of for use t. of Heo m 21 is m		sow the deceased alive on above, (I) (we) (did) (did no	ital) attended the decembed from	, ond that in (my) (our) opinion	deoth occurred on the do	te ond hour	and from the	
VERAL DIRECTOR DE detoched e Stote Dept.		276. SIGNATURE  aureu	e Mayann	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c DATE	31/84
should be det with the Stote		LAWVILL	o Maryano,		u bridge	Md	210	6/3
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(VRA 15, 4)

STATE OF MARYLAND

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ored w		XXXX John	Black	>	XXXX Clara	Travers
Pages I		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMA	Gertrude Johns	bh Henderson, MD
S. Pool		No	220-0	3-62011 5.		heet patient chart
aberica de H		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b),		4 )	BETWEEN ONSET AND DEATH
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at the state of th		Canditians, if any, which gove rise to immediate	(b)	+3COD	e weart tailure	MENIS 10 Yrs,
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The same of the sa	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFO	DRMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
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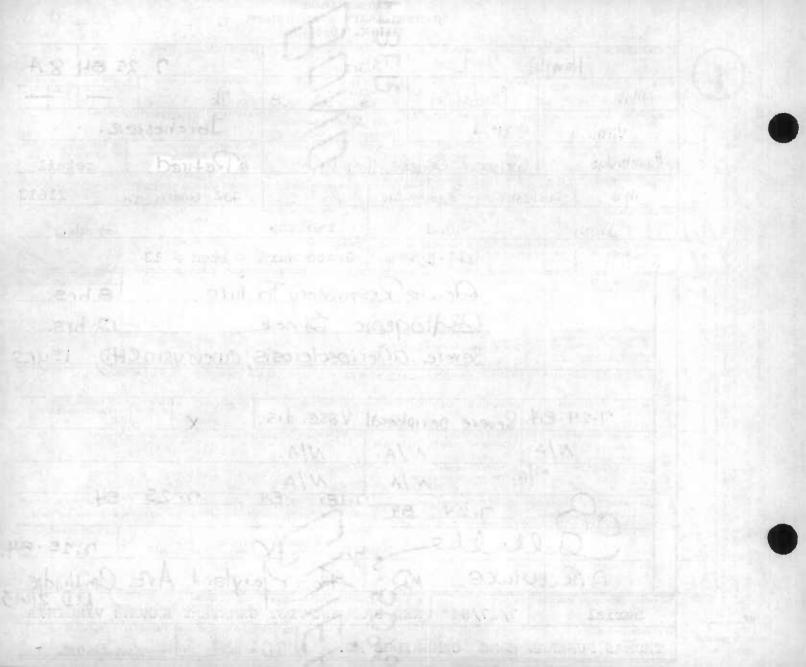
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rely filled in by 11 2 should be filed iner must be 20	USU. 130. S	AL RESIDENCE (IF NURMING HOME OF 135 COURT 135 COURT 136	(IF NOT IN SUCH FACILITY, GIVE STR  (S/SS)  ROTHER INSTITUTION, GIVE RESIDENCE BEF  NITY  134; CITY OR TO	OWN 13	HOME  INSIDE CITY LIMITS?  YES NO    MOTHER'S MAIDEN NAM	(1) PE OF WORK FOR MOST OF TEACHER )  13 e. STREET ADDRESS / 3 / 1 Be	MORKING LIFE) INDUSTI	21613
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signed by the attending physine please remove carbon pop to bural, cremation, or remove jury, or other troumatic event,	No	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSECTION OF THE CONTRIBUTING TO	DUENCE OF	ENOWS	nal disease or cond		Yeus
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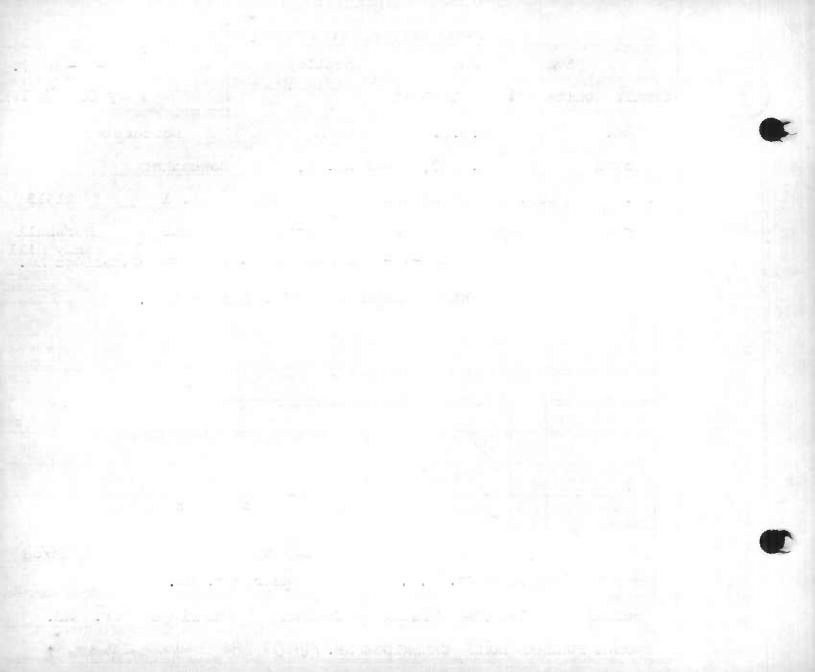
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 20. DATE KNOWN X MONTH 2b HOUR (TYPE OR PRINT) ESTI-Douglas Strand DEATH MATED Thomas 1981 6. AGE (IN YEARS IF UNDER 1 YR. 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHOAY) PRONOUNCED 3-9-Male Negro 1900 DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Val Dorchester County DIVORCED X WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Laborer Cedar St. Cambridge JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2.1613 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY 13c. CITY OR TOWN Cambridge 510 Md. Dor. YES Cedar St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Thomas Strand Lizzie White Mae 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOWN! I (IF YES, GIVE WAR OR DATES) 214-07-8757 Thelma Hollis Cambridge. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion Few Mins. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO TA 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PV AFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2  $\mathbf{x}$ 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Hamicide Undetermined manner death resulted frame Natural causes Accident Suicide SHOULD TITLE (SPECIFY) ACTUAL DATE Deputy SIGNATURE Cambridge, Md. M.D. Mace (TYPE OR PRINT) 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY STATE COUNTY Burial THE PROPERTY OF THE PROPERTY SECONATURE Bethel AME Cemetery Md BP 24 FUNERAL DIRECTOR DHMH - 17 Lewis H. (VR A15 ME (5)) Boardlev Cambridge. 20M 4/B2

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AND 3 AND 1 AND 1 AND 3	USUAL RESIDENCE 130. STATE Md.	E (IF IN NURSING HOME ( 13b. COUN DO	VTY	VE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Lloyds		13d. INSIDE CITY LIMITS? YES NOXES	13e. STREET	ADDRESS Rt. 1		216	13
BALTIMORE, MD. RS AFTER DEATH. GIVE PAGES 1, 2 VITH FORM PM 3 PAGES (PMD 2 DIVISION OF VITA	A. FATHER'S NAME FRST Lev	in	James	Seward		15. MOTHER'S MAIDE FIRST Martha		Jane		Marsh	all
N ST., BALTIMC HOURS AFTER HOURS GIVE PA WG WITH FOR KMIT. PAGES ( INE, DIVISION OL.)	16a. WAS DECEAS (YES, NO. OR UNKN	ED EVER IN U.S. AR (IF YES, GIVE	MED FORCES? WAR OR DATES)	214-74-		Mildred	W. Ja	rrett	SS101 Camb	Sandy ridge	Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.  S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH.  RITING THE WORD "PENDING" IN PENCIL IN 1EM 18. GIVE PAGES 1. 2.  RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3.  RES 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES (PAND 2.  E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OK WAS  OT PROR TO BURIAL, CREMATION, OR REMOVAL.	gave cause (i lying co	ons, if any, which rise to immediate a) stating the <u>under</u> - ouse last.	(b) DUE TO, OR	Meral Cal AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TE	E OF			er Iaco		?	
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BP	bur: 24 FUNERAL DIRE	CTOR	7/24/84 ADDRESS	4 Greenl	awn (	Cemetery 23a. DATE	REC'D. BY REC	bridge	GISTRAR'S S	. Md.	TATE
(VR A15 ME (5))	THOM	AS FUNER	AL HOME	CAMBRID	GE MI	o. AUG 01	1 1934	Julia Davi	dson-Pa	ndelle !	



	1			STATE OF MARYLAND				
	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 4 9 4 0 3  CERTIFICATE OF DEATH REG. NO.					
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15/19	14. E.	ATHER'S NAME FIRST WILL	MIDDLE LAST ONG	15. MOTHER'S MAIDEN NA BAYYATY	S Isabelle Bowens	TANAIL		
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OING PHYSI or attending After this ce e as the buri alth and Me morked or II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE		
TTEND pital TOR: far us of He		220.1 certify that (1) (this hasp saw the decease a live a above, (1) we) ((did) (did n	n 19	, and that in (my) (out) apinion	death accurred on the date and haur			
TAL OR ATTI y the haspit tAL DIRECTO detoched for ate Dept. of		226. SIGNATURE	200 000	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12. DATE SIGNED 17.21.84		
HOSPII Bined by FUNER The St PORTAN		224. PHYSICIAN'S NAME (TYPE	ORPRINT)	22e ADDRESS FCO M	azylori Ave. (	Broada Mi		
	23a.	BURIAL, CREMATION, REMOVA (SPECIFY)		NAME OF CEMETERY OR CREMATORY Chester Cemetery	23d. LOCATION CITY OR TOWN  Rhddesdale, Dor	chester. Md.		
BP DHMH - 16 50M 4/83	24	UNERAL DIRECTOR NAME	600 _ / ADDRESS	/ JU 250 DA	TE REGID BY REGISTRAR 286 REGISTR	AR'S SIGNATURE		

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